

2016 BENEFITS
OPEN ENROLLMENT

OCT. 28 - NOV. 18, 2015 (by NOON EST)

SPD Benefits
October 28 through
November 18, 2015 at Noon EST



2016 Overview

What stays the same in 2016?

- No plan design changes for Vision.
- No premium changes for Vision.
- No State HSA contribution amount changes.
- No changes to Non-Tobacco Use Incentive (NTUI).

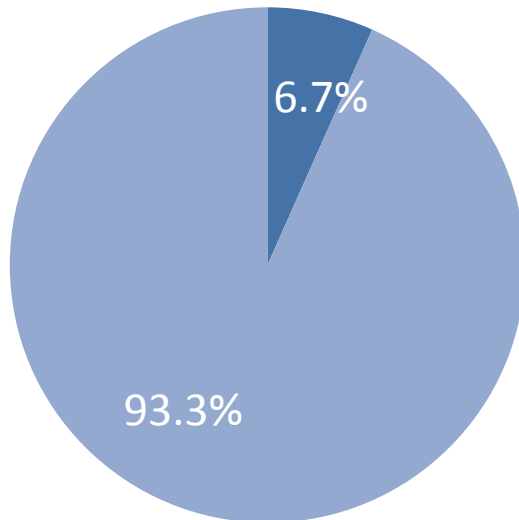
2016 Changes:

- Premium changes for Medical and Dental.
- Individual embedded out-of-pocket maximum for Wellness CDHP and CDHP 1.
- HSA family annual maximum contribution limits are increasing.
- Administration fee for Flexible Spending Accounts is being covered by the State.
- Life Insurance tier system election option changes.
- Eligible dependent definition has changed.
- Enhanced Employee Assistance Program (EAP) Services.



The Big Picture

- 2016 projected increase of 5.9%, or about \$15M
- Last year's projected increase was 7.8%, or about \$24.25M
- Significant portion of the increase due to Affordable Care Act OOPM requirements, Specialty Drugs



\$ 1M – ACA OOPM Changes

\$ 14.0M – Projected increase in
Medical & Pharmacy Claims



Eligible Dependent

“Dependent” means:

- (a) Spouse of an employee;
- (b) Any children, step-children, foster children, legally adopted children of the employee or spouse, or children who reside in the employee’s home for whom the employee or spouse has been appointed legal guardian or awarded legal custody by a court, under the age of twenty-six (26). Such child shall remain a “dependent” for the entire calendar month during which he or she attains age twenty-six (26).

In the event a child:

- i) was defined as a “dependent”, prior to age 19, and
- ii) meets the following disability criteria, prior to age 19:
 - (I) is incapable of self-sustaining employment by reason of mental or physical disability,
 - (II) resides with the employee at least six (6) months of the year, and
 - (III) receives 50% of his or her financial support from the parent

such child’s eligibility for coverage shall continue, if satisfactory evidence of such disability and dependency is received by the State or its third party administrator in accordance with disabled dependent certification and recertification procedures. Eligibility for coverage of the “Dependent” will continue until the employee discontinues his coverage or the disability criteria is no longer met. A Dependent child of the employee who attained age 19 while covered under another Health Care policy and met the disability criteria specified above, is an eligible Dependent for enrollment so long as no break in Coverage longer than sixty-three (63) days has occurred immediately prior to enrollment. Proof of disability and prior coverage will be required. The plan requires periodic documentation from a physician after the child’s attainment of the limiting age.



Medical Plans

2016 Medical Plan Options:

- Wellness Consumer Driven Health Plan (Wellness CDHP)
- Consumer Driven Health Plan 1 (CDHP 1)
- Consumer Driven Health Plan 2 (CDHP 2)
- Anthem Traditional PPO

All four plans are in the ***Blue Access PPO network***

2016 Prescription Drug Coverage:

- Express Scripts remains the prescription drug carrier.



Plan Specifics - Medical

	Wellness CDHP		CDHP 1		CDHP 2		Traditional PPO	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Deductible								
Single	\$2,500		\$2,500		\$1,500		\$750	\$1,500
Family	\$5,000		\$5,000		\$3,000		\$1,500	\$3,000
Out-of-Pocket Maximum								
Single	\$4,000		\$4,000		\$3,000		\$3,000	\$6,000
Family	\$8,000		\$8,000		\$6,000		\$6,000	\$12,000
- Individual Embedded	\$6,850		\$6,850		not applicable		not applicable	
Office Visit	20%	40%	20%	40%	20%	40%	30%	50%
Inpatient	20%	40%	20%	40%	20%	40%	30%	50%
Emergency Room	20%	20%	20%	20%	20%	20%	30%	30%
Urgent Care	20%	20%	20%	20%	20%	20%	30%	30%
Wellness and Prevention	0%	40%	0%	40%	0%	40%	0%	50%
	(no deductible)	(no deductible)	(no deductible)	(no deductible)	(no deductible)	(no deductible)	(no deductible)	(no deductible)



Plan Specifics - Prescription

	Wellness CDHP		CDHP 1		CDHP 2		Traditional PPO	
Prescription Drug	Retail (up to 30 days)	Mail (up to 90 days)	Retail (up to 30 days)	Mail (up to 90 days)	Retail (up to 30 days)	Mail (up to 90 days)	Retail (up to 30 days)	Mail (up to 90 days)
Preventive (mandated by the ACA)	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible
Generic	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$20 copay	\$40 copay
Brand, Formulary	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$30, Max \$50	20% Min \$60, Max \$100	30% Min \$40, Max \$60	30% Min \$80, Max \$120
Brand, Non- Formulary	40% Min \$50, Max \$70	40% Min \$100, Max \$140	40% Min \$50, Max \$70	40% Min \$100, Max \$140	40% Min \$50, Max \$70	40% Min \$100, Max \$140	50% Min \$70, Max \$90	50% Min \$140, Max \$180
Specialty	40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)		50% Min \$100, Max \$175 (30 day supply)	



Bi-Weekly Medical Plan Rates

Plan	Single	Family
Wellness CDHP	\$49.22	\$80.42
Wellness CDHP (w/ non-tobacco use incentive)	\$14.22	\$45.42
CDHP1	\$ 61.40	\$ 116.36
CDHP1 (w/ non-tobacco use incentive)	\$ 26.40	\$ 81.36
CDHP2	\$ 137.66	\$ 333.56
CDHP2 (w/ non-tobacco use incentive)	\$ 102.66	\$ 298.56
Traditional PPO	\$ 328.04	\$ 871.58
Traditional PPO (w/ non-tobacco use incentive)	\$ 293.04	\$ 836.58



Upgrade Your Health, Upgrade Your Plan Campaign:

16,047 people completed the health assessment

10,999 completed the Vitality Check

6,200 attained Silver Status

- Eligible Annual Premium Savings vs. CDHP 1:
 - Single = **\$316.68**
 - Family = **\$934.44**
- Additional HSA dollars:
 - Single = **\$249.60**
 - Family = **\$499.20**
- Eligible employees will have the Wellness CDHP as an option to select during Open Enrollment
 - Eligible members **must select** the Wellness CDHP unless previously enrolled.
 - If member is no longer eligible for the Wellness CDHP, coverage will default to CDHP 1.



Continue to Engage with HumanaVitality

- 10% of your total points at the end of the year will rollover to 2016.
 - This means that the more you do this year, the easier qualifying could be for you next year!
- Any unused Vitality Bucks stay with you into 2016 and beyond!
 - Vitality Bucks expire 3 years from the end of the program year in which they were earned.
- HumanaVitality Mall discounts will rollover with you in 2016 once you have completed the Health Assessment in the New Year.
 - Reward status can be viewed by scrolling over “Get Healthy” and clicking on “Achievement Dashboard.”



In-Network vs. Out-of-Network

In-Network

- Anthem has a broad network of contracted providers.
- Contracted providers agreed to accept certain amount (allowable charge) as payment for specific covered services.
- Access the Provider Finder online directory at www.anthem.com and search the Blue Access PPO network.

Out-of-Network:

- Anthem is not contracted with these providers.
- No discounted fees.
- They may charge more than in-network providers.
- The co-insurance % is greater when using out-of-network providers.
- Providers can balance bill you for the difference between what the plan pays and the full fee charged.



Preventive Care

In-Network preventive services are covered in full, before the deductible is met.

Examples of preventive services include*:

- Annual physicals
- Well-baby visits
- Mammograms
- Immunizations

Benefits of preventive care include:

- Improved overall health.
- Benchmark for any future health changes.
- Identifies and avoids potentially costly illnesses.

*This is not an all inclusive list. All plans' preventive covered services meet nationally recommended preventive care guidelines. Go to the following website for more information:
<https://www.healthcare.gov/prevention/index.html>



Pharmacy Benefits

- Express Scripts continues to be our prescription drug provider for 2016.
- You can continue to use www.expressscripts.com to shop for the lowest price on your medications.
 - Go to www.expressscripts.com
 - Enter the name of the prescription.
 - The website will list the price of the medication and any available generics or other options for treatment of your particular condition.



HSA Reminders

- HSAs are available to eligible employees that are enrolled in the Wellness CDHP, CDHP 1 or CDHP 2 medical plans.
- The State contributes approximately 39% or more of the plan's deductible in to the HSA depending on the medical plan.
- The contributions into your HSA are pre-tax/tax-deductible.
- You use the money in the account to pay for qualified medical expenses for yourself, your spouse and your dependent children (regardless if they are covered under your medical plan).
- It is your responsibility to keep track of your HSA spending and make sure they are in accordance with IRS guidelines.
- There are tax penalties if you use your HSA funds for purposes other than qualified medical expenses.



HSA Eligibility Requirements

HSA Eligibility Requirements

You are not eligible to open or contribute to a HSA if you:

- Are enrolled in another medical insurance plan (unless it is a qualified CDHP)
- Are enrolled in Medicare (Part A or B)
- Are enrolled in Medicaid (Healthy Indiana Plan – HIP)
- Are enrolled in Tricare
- Have used VA Benefits for anything other than preventive services in the past three months
- Are claimed as a dependent on another person's tax return –
Note: this does not include filing jointly with a spouse
- Have, or are eligible to use, a general purpose flexible spending account (FSA) – Note: this does not include a limited purpose flexible spending account



2016 HSA State Contributions

Plan	2016 Initial Contribution	2016 Bi-Weekly Contribution	Annual Employer Contribution
Wellness HSA Single	\$625.56	\$24.06	\$1,251.12
Wellness HSA Family	\$1,251.12	\$48.12	\$2,502.24
HSA 1 Single	\$ 500.76	\$ 19.26	\$ 1,001.52
HSA 1 Family	\$ 1,001.52	\$ 38.52	\$ 2,003.04
HSA 2 Single	\$ 299.52	\$ 11.52	\$ 599.04
HSA 2 Family	\$ 599.04	\$ 23.04	\$ 1,198.08



Max HSA Contributions

Plan	Coverage	IRS Maximums	State Contribution	Max EE Contribution	Max Bi-Weekly	Max EE Contribution Over 55	Max Bi-Weekly Over 55
Wellness HSA	Single	\$3,350	\$1,251.12	\$2,098.88	\$80.73	\$3,098.88	\$119.19
Wellness HSA	Family	\$6,750	\$2,502.24	\$4,247.76	\$163.38	\$5,247.76	\$201.84
HSA 1	Single	\$3,350	\$1,001.52	\$2,348.48	\$90.33	\$3,348.48	\$128.79
HSA 1	Family	\$6,750	\$2,003.04	\$4,746.96	\$182.58	\$5,746.96	\$221.04
HSA 2	Single	\$3,350	\$599.04	\$2,750.96	\$105.81	\$3,750.96	\$144.27
HSA 2	Family	\$6,750	\$1,198.08	\$5,551.92	\$213.54	\$6,551.92	\$252.00

HSA Maximums

- \$3,350 (employee only coverage)
- \$6,750 (family coverage)
- Catch up provision for individuals over the age of 55 is \$1,000



Compare the Plans - Cost

Maximum Exposure

- State provides approximately 39% or more of the plan deductible as an HSA contribution to eligible participants depending on the plan
- Preventive services are not subject to the deductible
- Maximum exposure under each plan:

	Single Coverage				Family Coverage			
	Wellness CDHP	CDHP1	CDHP2	PPO	Wellness CDHP	CDHP1	CDHP2	PPO
Annual Employee Premium	\$369.72	\$686.40	\$2,669.16	\$7,619.04	\$1,180.92	\$2,115.36	\$7,762.56	\$21,751.08
Potential Out-of-Pocket Cost	\$4,000	\$4,000	\$3,000	\$3,000	\$8,000	\$8,000	\$6,000	\$6,000
State Paid HSA Contribution	(\$1,251.12)	(\$1,001.52)	(\$599.04)	-	(\$2,502.24)	(\$2,003.04)	(\$1,198.08)	-
Total Exposure	\$3,118.60	\$3,684.88	\$5,070.12	\$10,619.04	\$6,678.68	\$8,112.32	\$12,564.48	\$27,751.08

*Assuming the acceptance of the NTUI and the use of in-network providers.



Non-Tobacco Use Incentive

- Incentive for 2016 is a \$35 reduction in your bi-weekly health plan premium.
- When you accept the Non-Tobacco Use Incentive you are agreeing to the following:
 1. Agree to abstain from the use of any tobacco products during 2016.
 2. Understand that in order to receive the reduction in premium, you may be subject to testing for nicotine and you agree to submit to such testing.
 3. Understand that if you accept the agreement and later use tobacco, your employment will be terminated.



Case Study 1

The Williams' are a middle aged couple with family health care coverage. Both Mr. and Mrs. Williams have annual physicals which include vaccines and routine lab work. Mrs. Williams also has an routine annual mammogram. On January 15th, Mrs. Williams visits the local ER believing she is having a heart attack. This is ultimately diagnosed, after multiple tests, as an anxiety attack and she is released from the ER and sent home. Between them, the Williams, take three generic medicines for chronic conditions which are filled at a retail pharmacy every month on the 20th. The Williams' use only in network providers for their health care needs and have accepted the non-tobacco use agreement.

Claim Cost Submitted to Insurance

Description	Amount	Date
Annual Physicals	\$ 260.00	January
Routine Labs w/ Physicals	\$ 84.00	January
Vaccines w/ Physicals	\$ 180.00	January
Annual Mammogram	\$ 138.00	January
ER visit with Tests	\$ 3,000.00	January
Generic Chronic Condition RX	\$ 100.00	Monthly
Total Cost of Services	\$ 4,862.00	



Case Study 1 (cont.)

	Wellness CDHP	CDHP 1	CDHP 2	Trad PPO
Family Coverage:				
Annual Deductible	\$5,000.00	\$5,000.00	\$3,000.00	\$1,500.00
Individual Embedded Out of Pocket Max	\$6,850.00	\$6,850.00	not applicable	not applicable
Out of Pocket Maximum	\$8,000.00	\$8,000.00	\$6,000.00	\$6,000.00
Preventative Services				
Annual Physicals	\$0.00	\$0.00	\$0.00	\$0.00
Routine Labs w/ Physicals	\$0.00	\$0.00	\$0.00	\$0.00
Vaccines w/ Physicals	\$0.00	\$0.00	\$0.00	\$0.00
Annual Mammogram	\$0.00	\$0.00	\$0.00	\$0.00
Cost of Preventative Services	\$0.00	\$0.00	\$0.00	\$0.00
ER Visit				
Applied to Deductible	\$3,000.00	\$3,000.00	\$3,000.00	\$1,500.00
Co Insurance	\$0.00	\$0.00	\$0.00	\$450.00
Cost of ER Visit	\$3,000.00	\$3,000.00	\$3,000.00	\$1,950.00
Generic Chronic Condition RX				
Applied to Deductible	\$1,200.00	\$1,200.00	\$0.00	\$0.00
Copay / Coinsurance	\$0.00	\$0.00	\$360.00	\$720.00
Cost of Chronic Condition RX	\$1,200.00	\$1,200.00	\$360.00	\$720.00
Total Point of Service Employee Costs	\$4,200.00	\$4,200.00	\$3,360.00	\$2,670.00
Employee Premium Contribution	\$1,180.92	\$2,115.36	\$7,762.56	\$21,751.08
State's HSA Contribution	(\$2,502.24)	(\$2,003.04)	(\$1,198.08)	\$0.00
Net Cost to Employee	\$2,878.68	\$4,312.32	\$9,924.48	\$24,421.08



Case Study 2

Susan is a single, non Tobacco user, enrolled in the state's health care program. She has an annual physical exam in January which includes routine lab work and vaccinations. She also has an annual mammogram in connection with her physical. Susan suffers from an arthritic condition which is managed with the drug ENBREL (a Specialty Drug). Susan has chosen to self administer her treatment. Susan uses only in network providers for her health care needs and has accepted the non-tobacco use agreement.

Claim Cost Submitted to Insurance

Description	Amount	Date
Annual Physical	\$ 130.00	January
Routine Labs w/ Physical	\$ 42.00	January
Vaccines w/ Physical	\$ 60.00	January
Annual Mammogram	\$ 138.00	January
ENBREL treatments / Month	\$ 2,740.00	Monthly
Total Cost of Services	\$ 33,250.00	



Case Study 2 (cont.)

	Wellness CDHP	CDHP 1	CDHP 2	Trad PPO
Single Coverage:				
Annual Deductible	\$2,500.00	\$2,500.00	\$1,500.00	\$750.00
Out of Pocket Maximum	\$4,000.00	\$4,000.00	\$3,000.00	\$3,000.00
Preventive Services				
Annual Physical	\$0.00	\$0.00	\$0.00	\$0.00
Routine Labs w/ Physical	\$0.00	\$0.00	\$0.00	\$0.00
Vaccines w/ Physical	\$0.00	\$0.00	\$0.00	\$0.00
Annual Mammogram	\$0.00	\$0.00	\$0.00	\$0.00
Cost of Preventive Services	\$0.00	\$0.00	\$0.00	\$0.00
ENBREL treatments / Month				
Applied to Deductible	\$2,500.00	\$2,500.00	\$1,500.00	\$750.00
Copay / Coinsurance	\$1,500.00	\$1,500.00	\$1,500.00	\$2,100.00
Cost of ENBREL Treatments	\$4,000.00	\$4,000.00	\$3,000.00	\$2,850.00
Total Point of Service Employee Costs	\$4,000.00	\$4,000.00	\$3,000.00	\$2,850.00
Employee Premium Contribution	\$369.72	\$686.40	\$2,669.16	\$7,619.04
State's HSA Contribution	(\$1,251.12)	(\$1,001.52)	(\$599.04)	\$0.00
Net Cost to Employee	\$3,118.60	\$3,684.88	\$5,070.12	\$10,469.04



Case Study 3

The Millers' are a middle aged couple with family health care coverage. Both Mr. and Mrs. Miller have annual physicals which include vaccines and routine lab work. Mr. Miller had a knee replacement surgery on January 2nd and a MRI with and without contrast done on his knee in May. In August, Mrs. Miller had a sleep study completed. Mrs. Miller also takes two generic medicines for chronic conditions which are filled at a retail pharmacy on the 25th of each month. The Millers' use only in network providers for their health care needs and has accepted the non-tobacco use agreement.

Claim Cost Submitted to Insurance

Description	Amount	Date
Annual Physicals	\$ 260.00	January
Routine Labs w/ Physicals	\$ 84.00	January
Vaccines w/ Physicals	\$ 180.00	January
Knee Replacement	\$ 30,000.00	January
Generic Chronic Condition RX	\$ 485.00	Monthly
MRI	\$ 800.00	May
Sleep Study	\$ 1,045.00	August
Total Cost of Services	\$ 38,189.00	



Case Study 3 (cont.)

	Wellness CDHP	CDHP 1	CDHP 2	Trad PPO
Family Coverage:				
Annual Deductible	\$5,000.00	\$5,000.00	\$3,000.00	\$1,500.00
Individual Embedded Out of Pocket Max	\$6,850.00	\$6,850.00	not applicable	not applicable
Out of Pocket Maximum	\$8,000.00	\$8,000.00	\$6,000.00	\$6,000.00
Preventive Services	\$0.00	\$0.00	\$0.00	\$0.00
Annual Physicals	\$0.00	\$0.00	\$0.00	\$0.00
Routine Labs w/ Physicals	\$0.00	\$0.00	\$0.00	\$0.00
Vaccines w/ Physicals	\$0.00	\$0.00	\$0.00	\$0.00
Cost of Preventive Services	\$0.00	\$0.00	\$0.00	\$0.00
Knee Replacement				
Applied to Deductible	\$5,000.00	\$5,000.00	\$3,000.00	\$1,500.00
Co Insurance	\$1,850.00	\$1,850.00	\$3,000.00	\$4,500.00
Cost of Knee Replacement	\$6,850.00	\$6,850.00	\$6,000.00	\$6,000.00
Generic Chronic Condition RX				
Applied to Deductible	\$0.00	\$0.00	\$0.00	\$0.00
Copay / Coinsurance	\$240.00	\$240.00	\$0.00	\$0.00
Cost of Chronic Condition RX	\$240.00	\$240.00	\$0.00	\$0.00
MRI With and Without Contrast				
Applied to Deductible	\$0.00	\$0.00	\$0.00	\$0.00
Copay / Coinsurance	\$0.00	\$0.00	\$0.00	\$0.00
Cost of MRI	\$0.00	\$0.00	\$0.00	\$0.00
Sleep Study				
Applied to Deductible	\$0.00	\$0.00	\$0.00	\$0.00
Copay / Coinsurance	\$209.00	\$209.00	\$0.00	\$0.00
Cost of Sleep Study	\$209.00	\$209.00	\$0.00	\$0.00
Total Point of Service Employee Costs	\$7,299.00	\$7,299.00	\$6,000.00	\$6,000.00
Employee Premium Contribution	\$1,180.92	\$2,115.36	\$7,762.56	\$21,751.08
State's HSA Contribution	(\$2,502.24)	(\$2,003.04)	(\$1,198.08)	\$0.00
Net Cost to Employee	\$5,977.68	\$7,411.32	\$12,564.48	\$27,751.08



Dental Plans

The third party administrator for dental has not been finalized

- Dental exams and cleanings will be covered at 100% for network providers, limit 2 per year.
- Orthodontic Services benefit will increase lifetime maximum to \$1,500 per eligible person.
- New rates for Dental coverage

Plan	2016 Bi-Weekly Rate
Dental Single	\$1.32
Dental Family	\$3.42



Vision Plans

- No plan design changes for Vision.
 - Vision exams are \$10 for network providers, limit 1 per year.
- Look for Blue View Vision network providers at www.anthem.com
- No premium changes for Vision.

Plan	2016 Bi-Weekly Rate
Vision Single	\$0.17
Vision Family	\$2.52



Flexible Spending Accounts

Medical Flexible Spending Account

- Maximum Annual Contribution is \$2,500.

Limited Purpose Medical Flexible Spending Account

- Maximum Annual Contribution is \$2,500.
- Can use for dental and vision expenses only until you reach the IRS set minimum annual deductible for a CDHP: \$1,300 for single and \$2,600 for family.

Dependent Care Flexible Spending Account

- Maximum Annual Contribution is \$5,000.

* The Flexible Spending Accounts employee bi-weekly administrative fee is being paid by the State for 2016. Read the plan documents carefully, all FSA plans have a use-it-or-lose-it provision.



Life Insurance Plans Overview

Life Insurance

- Can elect child only coverage if enrolled in basic life insurance without Evidence of Insurability (EOI).
 - Previously required basic and supplemental life insurance coverage to elect dependent life insurance.
- No premium changes.
- Minnesota Life is changing their name to Securian.

Coverage Options

- Basic Life Insurance – 150% of employees annual salary
- Supplemental Life Insurance – Maximum amount is 500k with evidence of insurability
- Dependent Life Insurance – Maximum amount is 20k



Life Insurance Plans – OE 2016

What changes you can make at Open Enrollment

- Can reduce or waive life insurance coverage.
- Can elect child only coverage if enrolled in basic life insurance without Evidence of Insurability (EOI).

What changes you can make after January 1, 2016 through Evidence of Insurability

- By going through the evidence of insurability process, and being approved, you will have the option to:
 - Enroll into Basic Life Insurance coverage in the amount of 150% of employees annual salary.
 - Enroll or increase your Supplemental Life Insurance coverage up to \$500,000 (in \$10,000 increments) . Note: the limit for employees over the age of 65 is \$200,000.
 - Enroll or increase your Spouse only or Spouse & Child(ren) Dependent Life Insurance coverage up to \$20,000 (in \$5,000 increments) if enrolled in Basic Life Insurance.



Employee Assistance Program (EAP)

- **Counseling sessions:** 3 face-to-face sessions, per issue, per year with a licensed therapist – no deductibles or copays effective January 1, 2016.
- **ID recovery and credit monitoring:** Assess your risk level and identify steps to resolve potential identity theft.
- **Member center:** Includes access to a listing of EAP providers in your preferred area and routine counseling referral service.
- **Smoking cessation:** Access telephonic tobacco cessation coaching for smoking and chewing.
- **Convenience services:** Obtain resources and information on pet sitters, educational choices for you or your children, summer camp programs and much more
- **Assistance with legal and financial concerns**
- **Dependent care referrals**
- **Website:** www.anthem.EAP.com
- **Free 24 hour, seven day a week phone access (800) 223-7723**



Growing Wellness Awareness

Invest In Your Health (www.investinyourhealthindiana.com)

- One stop shop for all things wellness related! Find quick links to wellness programs, wellness events and a wealth of information.

Walking Clubs

- SPD Organized Government Center Complex walking club.
- Start a club at your agency! A great way to get fit and develop team spirit.

ConditionCare, ComplexCare or Case Management

- Programs that provide support and resources for those managing chronic or complex conditions.



Wellness Champions

- 132 Champions
 - 36 Counties
 - 34 Agencies
 - 54 in Marion County
 - 27 on campus at IGC
- For information about becoming a Wellness Champion please visit:
 - www.investinyourhealthindiana.com/wellness-champion/



AGO Walk-off organized by Wellness Champions



Remember the Dates!

**October 28 through
November 18, 2015 at Noon EST**



Important Resources

SPD Benefits Hotline

- Local: 317-232-1167
- Toll-free: 1-877-248-0007

Online Resources

- www.in.gov/spd/openenrollment (Open Enrollment)
- www.in.gov/spd/2337.htm (SPD Benefits)
- www.irs.gov/pub/irs-pdf/p969.pdf (IRS)
- www.investinyourhealthindiana.com

